

ARIZONA INTEGRATED GIRLS' INITIATIVE

REPORT AND RECOMMENDATIONS

NOVEMBER 2004

Prepared by



Copia Consulting LLC
www.copiaconsulting.com

This report was prepared with the assistance of the members of the Arizona Integrated Girls' Initiative: Argie Gomez, People of Color Network; Stacia Nowinski, Administrative Office of the Courts, JJSD; Linda Volhein, Florence Crittenton Services of Arizona; Marcella Crane, Arizona Dept. of Juvenile Corrections; Marie Dils, Arizona Dept. of Juvenile Corrections; Jeff Serrano, Arizona Dept. of Behavioral Health and Lanai Greenhalgh, ValueOptions.

A special thanks is extended to Donna Noriega for her leadership and vision.
For additional info on the AZIGI please contact Stacia Nowinski at 602-542-9704 or snowinsk@supreme.sp.state.az.us.

Table of Contents

- I. Executive Summary1
- II. Literature Review4
 - How Are Girls Different?.....5
 - What Works?7
- III. Process10
- IV. Findings12
 - The Girls12
 - Boys and Girls in Treatment Programming15
 - The Focus Groups.....17
- V. Recommendations23
- Appendix A: Focus Group Feedback by County27
 - Cochise County27
 - Pima County29
 - Yuma County32
 - Mohave County35
 - Coconino County37
 - Pinal County41
 - Maricopa County43
- Appendix B: Sources Referenced50
- Appendix C: Girls’ Blog Questions51
- Appendix D: Focus Group Discussion Guide53
- Appendix E: Gender Responsive Community Resources & Programs55

I. Executive Summary

In the spring of 2004, a group of individuals involved in various aspects of Arizona's juvenile justice system gathered together to discuss the topic of gender-specific treatment for system-involved girls, particularly girls diagnosed with co-occurring disorders of mental health and substance abuse. The group evolved into the Arizona Integrated Girls' Initiative (AZIGI), with the mission to establish Arizona as a leader in the development of program models, policies and services that comprehensively address the unique needs of girls. They established the following goals:

- Assemble a cross-section of community leaders and stakeholders to effectively impact service delivery and policies.
- Develop a statewide Practice Improvement Protocol that addresses philosophy and practice.
- Impact statewide policies to ensure girls' programming is equitable and effective.
- Plan and host a national conference/training themed: "Growing the Greatness of Girls".

A team of consultants was retained to conduct focus groups throughout the State of Arizona, with the goal of obtaining feedback from stakeholders about levels of awareness and knowledge, existing services, the needs of girls in their communities and perceived barriers to effective girls' programming. They also obtained detailed information from system-involved girls through an internet-based tool called a "blog".

Overall, 156 people representing 57 organizations participated in eight focus groups held in seven counties in various corners of the state, including state agencies, county departments, schools, non-profit organizations, managed care entities and elected officials. Hundreds more were invited; the average attendance rate was 20%. Whether the low attendance rate indicates general scheduling difficulty in a busy summer or low levels of interest is difficult to determine. However, those that did attend were interested and engaged in the process; they eagerly await the outcomes and the final report.

Perhaps most important to the overall success of this initiative is the inclusion of the voices of the girls themselves. Through a secure, anonymous on-line interview, 131 girls provided narrative information about their lives, experiences, dreams and fears. Articulate, thoughtful and painfully raw, their contributions in this effort have ensured that the recommendations made are relevant, authentic and directly responsive to their needs. It is your task to listen carefully, to place value upon their life experiences and to recognize the voice of affected populations as the most powerful driver of systemic change.

The findings in this report have been organized into sections related to information that came from the girls themselves, information that was derived as a result of comparing responses from girls and boys that answered the same questions, and information from the focus groups. Much of the information is very significant; for example, a vast majority of the girls identified fear of death,

dying and loss as their number one concern, and not a single focus group listed that fear as something about which they thought the girls would be concerned. Within that gap in understanding lies the urgent need for gender-specific programming.

Implicit in the feedback from the girls are several important lessons about current gender-specific programming:

- The girls have experienced intense loss and multiple traumas in their lives, the majority of which have never been resolved. This is a key fact for practitioners and program developers, as we must realize that until we help the girls resolve that trauma, they will simply not be able to master the skills adults believe are so important to their success, e.g. appropriate social and problem-solving skills, pre-vocational and vocational skills and educational attainment. Depression is common but often not diagnosed in delinquent girls; their behavioral problems are typically the focus of intervention rather than their underlying sadness, isolation, sense of loss and early trauma.
- Girls' relationships are of primary importance in their own development. They need time and opportunity to develop those relationships and to gain the sense of well-being that arises from the relationships. In contrast, the trend in juvenile justice over the last several years has been to develop programs based on a 16-hour structured day, leaving very little time for relationship-building. This typically works well for boys, who tend to seek out activities such as basketball and other sports for their relationship-building needs, but leaves girls without the time they need for conversation and one-to-one interaction. Program staff must be open to creating different opportunities for girls within programs and institutions to meet this need for personal connection.
- Responses from the girls about school and their dreams about future academic and personal success revealed an important gap in their thinking. While they tend not to be engaged in school, and are fearful that they cannot catch up and will never complete their educations, they also believe almost without exception that they will graduate from college and move on to professional careers. This gap in their perceptions reveals a significant challenge for education and programming – while they certainly have the ambition and the dream of attaining a college degree, the bridge that should take them from their current realities to realization of that dream does not exist. Tools must be developed that will assist in efforts to bridge that gap.
- The girls revealed a great deal about their fears of being alone and of being in the dark. However, in many juvenile institutions and detention centers, girls are placed in single cells in which the lights are turned off at night and the doors to their rooms are locked. We must recognize the extent to which their anxieties are fueled by their environmental conditions, and develop programs that are designed to meet gender-specific needs beginning with facility layout and design.

This report includes both Priority One and Priority Two recommendations. Priority One recommendations are overarching and relate to infrastructure issues that must be dealt with in

order to achieve full capacity for gender responsive programming on a state-wide level. They are labeled as top priority because they potentially have a broad impact. Priority Two recommendations are more localized by target or subject, and many could be undertaken simultaneously, although they do not have such broad impact. Some of the most urgent recommendations include the following:

1. Develop a statewide community awareness and education campaign designed to promote positive attitudes about girls, women and gender differences. The campaign must include culturally competent messages and images, and must accommodate rural and urban differences in lifestyles and attitudes.
2. Develop and promote policies to include training in gender-specific approaches for all personnel working with girls system-wide. Identify local and regional resources for training expertise, and build capacity for training through Train-the Trainer workshops. Develop an information-sharing mechanism or database to improve communication about available training.
3. Identify critical points within the juvenile justice system at which changes could be made to improve the system's capacity for dealing with trauma, depression and grief and loss issues.

Throughout this process, the intention has been to capture the strengths of Arizona's child-serving systems, individual communities, and the girls themselves so as to effectively build on the resources and assets available throughout the state. Although it is possible to focus on deficits and remediation thereof, positive change is most effectively stimulated through a strength-based approach. The leaders of Arizona's child-serving systems clearly believe this as well, for there is an obvious emphasis on strength-based and individualized approaches, such as the utilization of Child and Family Teams in many areas of the state. This existing infrastructure is a significant strength in the effort to expand gender-specific programming. The participants of the focus groups also demonstrated a great deal of understanding and interest related to the plight of system-involved girls. They produced a number of innovative ideas and displayed a clear commitment to changing current practices to increase the availability of gender-specific resources.

By far the most vital component of gender-specific treatment is the tailoring of approaches to ensure that either gender gets what they need from the intervention or activity. It is simply not necessary, at least in the short-term, to contemplate building separate institutions, treatment centers, schools and programs. Although it may be advisable to build these components into a long-range plan, there is so much that can be accomplished through training and awareness in the short-term that is much less cost-prohibitive. And in the long term, if the only changes ever made have the effect of heightening awareness, changing negative attitudes, providing skill-development so that treatment approaches can be tailored for girls, and creating gender-specific educational approaches, the world will be a different place for generations of girls.

Ideas are powerful things, requiring not a studious contemplation, but an action.

– Midge Decter, The Liberated Woman & Other Americans

II. Literature Review

For several years now the growing number of girls in juvenile justice systems has been the catalyst for a widening debate about the unique treatment needs of girls and the most effective and efficient means of meeting those needs. "Girls' arrests have outpaced those of boys for most of the last decade. For example, between 1989 and 1998, girls' arrests increased 50% compared to 17% for boys (Federal Bureau of Investigation, 1999). Over the past twenty years, there has been a marked increase in the number of girls and young women arrested, detained, and incarcerated in juvenile and adult facilities. Between 1990 and 1999, arrests of girls increased more (or decreased less) than male arrests in most offense categories (OJJDP, 2000b). Delinquency cases involving girls rose 83% between 1988 and 1997 increasing across all racial groups: white, 74%, African American, 106%, and other races, 102% (American Bar Association and National Bar Association, 2001)." (Bloom & Covington, 2001)

Girls accounted for 22% of juvenile arrests for aggravated assault and 30% for simple assaults. They represented 36% of arrests for larceny-theft, much of which, particularly for girls is shoplifting. They accounted for more than half (59%) of all juveniles arrested for running away from home. Thirty percent of curfew arrests involved girls. The increase in the number of drug abuse violation arrests between 1990 and 1999 was greater for female juveniles (190%) than for male juveniles (124%) (OJJDP, 2000b).

Between 1988 and 1997, the use of detention for girls increased 65% as compared with a 30% increase for boys. There is evidence that girls are being detained for less serious offenses than boys. Girls are more likely to be detained for minor offenses and for technical violations of probation or parole (OJJDP, 2000a).

"A 1998 California study found that while family issues (such as parental conflict, lack of family communication, and parents ill-equipped to deal with nurturing and supervising children) affect both males and females, there are multiple gender-specific dimensions associated with delinquency among girls and young women (Owen & Bloom, 1998). These specific dimensions include:

- Sexual, physical and emotional abuses are significant factors in producing risky and delinquent behavior among girls and young women. This effect is long-lasting and creates problems with running away, emotional adjustments, trust and secrecy, future sexuality and other risky behaviors.
- Substance abuse is often a sign of other problems that lead to risky behavior. There are few focused substance abuse programs for girls and young women that provide needed services ranging from prevention to residential care.

- Most female delinquents continue to commit relatively minor offenses. These offense patterns indicate a need for prevention and intervention programs rather than increased secure institutions. Gang involvement and fighting with peers contribute to delinquency for a small but significant number of girls and young women.
- Racial, ethnic, gender and economic discrimination may contribute to female delinquency through decreased opportunity, disparities in treatment, gender bias and lack of program parity.
- Girls and young women should be given special attention with prevention and education programs concerning reproductive health, pregnancy and sexually transmitted diseases. Pregnant and parenting teens also need comprehensive health programs and services.” (Bloom & Covington, 2001).

How Are Girls Different?

Based on recent research on girls and delinquency it is apparent that the typical girl in the juvenile justice system, and the root causes of her delinquent behavior, often differ greatly from that of her male counterpart. While further study is needed, research conducted by Leslie Acoca & Associates offers a portrait of delinquent girls and their families, reveals that girls in the juvenile justice system share many distinct characteristics:

- **Family Fragmentation:** *The families of girls in the juvenile justice system are fragmented by multiple and serious stressors including poverty, death, violence, and a multigenerational pattern of incarceration.*
- **Victimization Outside the Juvenile Justice System:** *Most girls in the juvenile justice system have a history of violent victimization.*
- **Victimization Inside the Juvenile Justice System:** *Once they enter the juvenile justice system, girls are vulnerable to physical and sexual abuse similar to and sometimes worse than they experienced in their homes and communities.*
- **Serious Physical and Mental Health Disorders:** *The vast majority of girls in the juvenile justice system are experiencing one or more serious physical and/or mental health disorders.*
- **Separation of Incarcerated Mothers from their Children:** *A significant number of girl offenders are mothers who already have been separated from their young children.*
- **Widespread School Failure:** *Schools are failing girls in multiple ways in their home communities and in the juvenile justice system. The experience of educational failure is almost universal among delinquent girls interviewed. These failures include suspension/expulsion from school, repeating one or more grades and/or placement in a special classroom.*
- **The Breaking Point—Early Adolescence:** *Girls appear to be most vulnerable to their first experiences of academic failure, pregnancy, juvenile justice system involvement and out-of home placement between the ages of 12 and 15.*

- **Non-violent Offenders:** A majority of girls in the juvenile justice system are non-violent offenders charged with relatively minor status, property or drug offenses. Even the fastest growing segment of offenders, girls charged with assault, may be inappropriately labeled as violent based on conduct arising out of intra-familial conflict.
- **Resiliency:** Girls in the juvenile justice system have significant strengths that they can draw upon to overcome the multiple stressors that challenge them. (Acoca, 1998)

This information is reflected almost unanimously across all of the significant research regarding girls, particularly those girls in the juvenile justice system.

“It is important for juvenile justice professionals and policymakers to understand that the nature and causes of girls’ delinquency is often different from that of boys. Research demonstrates that girls in the delinquency system have histories of physical, emotional and sexual abuse, have family problems, suffer from physical and mental disorders, have experienced academic failure and succumb more easily to the pressures of domination by older males. Girls also are developmentally different from boys and girls’ involvement in delinquency is often connected to conflicts in familial and social relationships.” (ABA and NBA, 2001)

These characteristics are expanded upon across a wide body of research:

Sexual and/or physical abuse: Girls are three times as likely to have been sexually abused as boys (U.S. Department of Health and Human Services, 1996). Among female delinquents, an estimated 70 percent have a history of sex abuse (Calhoun, Jurgens, & Chen, 1993). In some detention facilities, the incidence of girls who have been abused is closer to 90 percent. Most often, abuse is perpetrated by family members or close family friends who are perceived as trusted adults (Davis, et al., 1997). Sexual abuse can have a profound impact on a girl during adolescence, resulting in lessened self-esteem, inability to trust, academic failure, eating disorders, teen pregnancy, and other serious concerns. If sexual abuse is not addressed, girls may run away or turn to alcohol or other drugs to numb their emotional pain. A few lash out at their perpetrators violently. (Acoca, 1998).

Substance abuse: Substance abuse exacerbates the other problems that might put a girl at risk of delinquency. Many girls, for instance, report being intoxicated or under the influence of illegal substances while committing criminal acts (Sommers & Baskin, 1994). If a girl runs away from an abusive or dysfunctional family and winds up on the street, she is more likely to become involved in drug use and/or drug trafficking. Alcohol and other drugs may lessen her inhibitions, leading her to take risks that may result in unplanned pregnancy and/or exposure to sexually transmitted diseases. Research shows that among female populations, substance abuse coexists with other problems such as mental illness and academic failure at a significantly higher rate than among males (Rotheram-Borus, 1993).

Teen pregnancy: Female juvenile offenders engage in sexual activity at an earlier age than non-offenders, putting them at higher risk of sexually transmitted diseases and unwanted

pregnancy. For many young women, teen pregnancy is a virtual guarantee of poverty and long-term reliance on welfare. Most teen mothers drop out of high school and remain single most of their young adult years. They earn an average of \$5,600 annually, less than half the poverty-level income. More than 60 percent of African-American and half of all Hispanic teen mothers are concentrated in poor, racially segregated neighborhoods that have poor housing, high crime rates, and inadequate schools. Many teen mothers have been victims of sexual abuse. Adolescent mothers are more likely to raise a child who goes to prison than mothers who delay having children until their early 20s (Robin Hood Foundation, 1996).

Poor academic performance: The most significant risk factor relating to early onset of delinquency is poor academic performance (Dryfoos, 1990; Yoshikawa, 1994; Greenwood, et al., 1996). A disproportionate number (26 percent) of female juvenile offenders have learning disabilities (U.S. Department of Justice, 1994). By the time they enter the system, they may be at least a grade level behind their peers. They may have developed a negative attitude about learning and lack self-confidence about their own ability to master academic skills (Bergsmann, 1994; Girls Incorporated, 1996).

Mental health needs: Girls who are coping with such serious issues as sexual abuse, substance abuse, family dysfunction and/or academic failure may experience depression, eating disorders, and other mental health concerns. More than half of young women in training schools have reported attempting suicide; of those, 64 percent have tried more than once to kill themselves (Bergsmann, 1994). In order to design programs that reflect appropriate content and context for effective girls' services, it is important to have an understanding of girls' psychological development, as well as trauma treatment (Covington, 1999, 2000).

What Works?

The Office of Juvenile Justice and Delinquency Prevention has identified a number of programs around the country that are working successfully with girls, and has developed a definition of gender-specific services. The OJJDP defines Gender-Specific Services as those that:

- Are designed to meet the unique needs of female offenders
- Value the female perspective
- Celebrate and honor the female experience
- Respect and take into account female development
- Empower girls and young women to reach their full human potential, and
- Work to change established attitudes that prevent or discourage girls from recognizing their potential

As a result of the work done in successful programs around the country, it is now possible to identify theories and underlying concepts that contribute to successful gender-specific programming, and to identify a set of best practices. There are four generally accepted concepts that create the foundation for high-quality gender-specific programming:

1. *First, exemplary gender-specific programs should incorporate the characteristics of good programs in general. A weak program for juvenile offenders will not become an effective program for girls simply by adding a gender-specific component.*
2. *Second, an effective gender-specific program must recognize that young women are quite different from their male counterparts. They may have different patterns of offending and need tailored and innovative treatment modalities.*
3. *Third, equity in programming for girls does not mean that programmers should simply allow girls equal access to existing services designed for young men. Equality certainly should exist in access to resources and to quality staff and facilities. However, as one study has pointed out 'in the particulars of treatment . . . equality must be redefined to mean providing opportunities that mean the same to each gender.'*
4. *Fourth, services for girls cannot be viewed in isolation. To effectively address the issues presented by juvenile female offenders, the juvenile justice system must connect services to the broader issues of girls and women in the larger society, including education, gender roles, parenting, and a variety of other concerns. (Community Research Associates, 1998)*

According to recent research published by Stephanie Covington and Barbara Bloom, "...in addition to integrating relational and trauma theories as the foundation for program development, the following guiding principles for gender-responsive services are proposed:

- 1) Theoretical perspective/s are used that incorporate girls' pathways into the criminal justice system.
- 2) The programmatic approaches used are based on the theory/theories that fit the psychological and social needs of girls and reflect the realities of their lives (e.g. relational theory, trauma theory, substance abuse theory).
- 3) Program development is based on theories that are congruent, consistent and integrated.
- 4) Treatment and services are based on girls' competencies and strengths and promote self-reliance.
- 5) Programs use a variety of interventions--behavioral, cognitive, affective/dynamic and systems perspectives--in order to fully address the needs and strengths of girls.

- 6) Homogeneous groups are used, especially for primary treatment (e.g., trauma, substance abuse).
- 7) Services/treatment address girls' practical needs such as family, transportation, childcare, school, and vocational training and job placement.
- 8) There are opportunities to develop skills in a range of educational and vocational areas (including non-traditional vocational skills).
- 9) Staff reflects the client population in terms of gender, race/ethnicity, sexual orientation, and language (bi-lingual).
- 10) Female role models and mentors are crucial and reflect the racial/ethnicity and cultural backgrounds of the program participants.
- 11) Cultural awareness and sensitivity are promoted using the resources and strengths available in various communities.
- 12) Gender-responsive assessment tools and individualized treatment plans are utilized and match appropriate services with the identified needs/assets of each girl." (Bloom & Covington, 2001).

III. Process

Eight focus groups were conducted in seven counties throughout Arizona, both in small rural communities and large cities in every corner of the state, collecting a tremendous amount of information. A broad group of stakeholders, including elected officials, law enforcement, private service providers, juvenile justice system policy leaders, administrators and practitioners were invited to attend these focus groups and to talk about their experiences as they relate to the needs, challenges and resources for girls in their communities.

Participants in the focus groups answered a wide variety of questions in small group formats. The questions were divided into several categories, some of which were designed to identify the level of awareness, knowledge and resources that existed in the community. Other questions were based on the policy, program and practice levels of the juvenile justice system, and were designed to elicit information about barriers to gender-specific programming, existing resources and best practices, and the availability of infrastructure elements required for a comprehensive continuum of gender-specific services.

In addition to hearing from the focus group participants, the members of the Arizona Integrated Girls' Initiative wished to hear from the girls themselves. In order to accomplish this goal both expediently and cost-effectively, a secure webpage was created in the form of a "blog", i.e., an internet-based web log. Girls from all levels of the juvenile justice system – from probation and parole, from institutions and community-based programs, foster homes and home, ranging in age from 11 to 17 were invited to respond to a series of 22 questions about their lives, their feelings and their deepest secrets and wishes. One hundred thirty-one girls responded, contributing paragraph upon paragraph of insight into their needs, their fears and their dreams.

The results are extensive, and in many ways confirm the research that currently exists about girls and their learning styles, their emotional needs and their cognitive patterns. Their feedback extended far beyond the usual and typical, and revealed a dimension of their lives that simply must be recognized and accommodated within treatment practices, rehabilitation programs and juvenile justice systems.

For the purpose of contrast, the same questions were asked of boys in the Arizona juvenile justice system. Only 28 boys responded, yet their answers revealed some typical gender differences, some surprising commonalities, and several insights that support the need for gender-specific treatment programming. These comparisons are presented in further detail in the **Findings** section of this report.

A blog was also established for focus group participants that had something more to say, community members that had been unable to attend the focus groups and family members of girls that wished to convey their thoughts and experiences. Despite the fact that 111 unique viewers visited the blog 187 times, only the consultants and one member of the Arizona Integrated Girls'

Initiative posted their thoughts and comments. Within the scope of work of this project, the most current and efficient technologies were utilized to obtain information, communicate about the project, invite participants to the focus groups and elicit opinions and feedback. What must be described as either unfamiliarity with such technologies or reluctance to utilize technology existed to varying degrees in almost every community. This was more obvious in small and rural communities than in urban areas because they typically have access to fewer technological resources, but it should be noted in planning future communication regarding the Arizona Integrated Girls' Initiative.

In each of the eight focus groups, a series of questions was asked designed to reveal the level of awareness and knowledge of the focus group participants that existed in each community regarding gender specific treatment for girls. Many of the questions were similar to those asked of the girls; however, without exception, the answers were very different. After the groups had reported their answers, they were informed about many of the significant findings from the girls' responses, illustrating many of the points at which their understanding of the girls departed from the girls' understanding of themselves. In many ways, the focus groups were an opportunity for consciousness-raising and education, and what the participants learned stimulated their interest and their desire to know more and do more.

IV. Findings

Findings are organized into two sections, one devoted to information obtained from the girls themselves, and the other to information obtained in the focus groups.

The Girls

The girls responded to a variety of questions, including:

1. *What are you most afraid of?*
2. *Who is the most important person in your life?*
3. *What is the one thing about you most people don't know?*
4. *What do you most look forward to?*
5. *If you could change one thing about your family, what would it be?*
6. *What might have kept you out of the juvenile justice system?*

*(A full list of the questions the girls responded to is included in **Appendix C** of this report.)*

The girls' responses confirmed many research-based characteristics, primarily that they were concerned about body image, that a large majority of them had suffered violence and sexual abuse, and that they lacked positive relationships with good male role models. In fact, of 131 responses, only eight girls identified a male figure as the most important person in their lives.

Finding #1 – Trauma, Grief and Loss

By far the most significant and surprising finding that resulted from the compilation of responses addresses fear, specifically what the girls are most afraid of and worry about the most. Overwhelmingly, more than 85% of the girls fear death and dying above all else; they fear their own deaths, the deaths of their parents, the deaths of their own children, and the deaths of their friends. They are terrified of being alone and of being abandoned by those they love. They feel perpetually unsafe and are afraid of the dark.

Trauma, grief, loss and the tremendous anxiety that arises from that loss permeate all things in the girls' lives, rendering them virtually incapable of moving beyond it. Girls talked about suicide and their own suicide attempts, the depths of their depression and about losing loved ones. They revealed stories of domestic violence, sexual abuse and rape, many of which they had not revealed to even their closest friends.

Interestingly enough, it is this awareness about death, dying, depression and grief that has escaped the consciousness of most professionals that work with the girls. Participants in the focus groups were asked to identify the top five things they believed girls were concerned about, and without exception, not a single group identified this issue. After the participants in

the groups had given their answers to the questions about the girls, they were given a summary of the responses of the girls. Participants seemed very intrigued with the information; the vast majority was very surprised by the feedback from the girls.

Finding #2 – Substance Abuse

Substance abuse has wreaked havoc on both the lives of the girls' families and their own lives. Although both the girls and the boys indicated very high levels of substance abuse addiction, fear of relapse and substance use and abuse within their families, only 37% reported having received substance abuse counseling. The girls identified substance abuse and the fact that many of their families have long histories of substance abuse as one of their primary regrets, and many indicated that it was a priority for change in their lives. Their fears regarding relapse are pronounced, and many of the girls in facilities indicated they did not believe they had the ability to stay "clean" if they returned to their homes and friends.

Finding #3 -- Families

The girls have strong desires to be close to their families and to be good parents to their own children. Despite the very high numbers of both boys and girls that referred to their children in the narrative questions, only 14% reported having participated in parenting classes. When asked about what might have kept them out of the juvenile justice system, sadly, the majority of the girls felt that nothing could have accomplished that. When they did provide a reason, however, it was primarily focused on wishing that their families had been different and that their parents had provided more discipline, expected more of them and offered them more positive support. *This desire corresponds directly with feedback from the focus groups identifying the need for comprehensive early identification and intervention programs, particularly in the area of parenting.*

Finding #4 – Bridging Reality and Dreams

The girls are hopeful about their futures, and still hold on to lofty dreams about a different kind of life for themselves. Questions about school and future academic plans revealed that girls most often indicated that they were not engaged or challenged by school, and that their favorite things about school were the opportunities to be with their friends before school, during lunch and after school. They feared that they were so far behind academically because of their involvement in the juvenile justice system that they would never catch up, and would consequently never graduate. However, when asked about their future plans and dreams, the vast majority of the girls envisioned themselves going to college, becoming doctors and lawyers, and enjoying successful lives. This creates a challenge in terms of program development to find innovative ways to address the reality gap in their perceptions, and to help them bridge that gap toward realization of their goals.

Finding #5 – Relationships

Relationships with family, friends and other significant adults are of primary importance in the lives of the girls. Research indicates repeatedly that girls utilize relationships as their vehicles for personal growth, self expression, learning, and self-actualization. The girls themselves expressed this repeatedly: their desires are to be with people they know, love and trust throughout all of the activities of their daily lives. Although Mentoring programs are very effective with girls because of their focus on relationship building, only 16% of the girls had participated in Mentoring programs.

Finding #6 – The Normalcy of the Abnormal

Also significant in the feedback from the girls is what they did not say. Not a single girl discussed self-mutilation or cutting, eating disorders, or gang-related activities, despite the fact that these behaviors are endemic among the population. One possible interpretation is that the reason has nothing to do with shame and secrecy, but rather just the opposite. Perhaps these behaviors have become so normalized, both among the juvenile justice system girls and the population in general, that they simply do not view these activities as anything related to their mental health. ***They are just behaving as so many girls do, equating their self-hatred with popular culture values and mores.***

Demographics

Although the majority of the questions answered were narrative questions, the girls did provide some data regarding their ages, their current residences and the services they had received while in the juvenile justice system. Some of the more significant information is presented in the tables below:

AGES					
Girls			Boys		
Age	Number	Percentage	Age	Number	Percentage
11	1	<1%	11	1	4%
13	4	3%	13	2	7%
14	22	17%	14	7	25%
15	30	23%	15	4	14%
16	30	23%	16	8	28%
17	43	33%	17	5	18%
Unknown	1	<1%	Unknown	1	4%
	131	100%		28	100%

CURRENT RESIDENCE					
Girls			Boys		
Detention	15	11%	Detention	10	35%
Foster Home	1	<1%	Foster Home	1	4%
Home	35	27%	Home	17	61%
Institution	39	30%	Institution	0	0%
Other	31	24%	Other	0	0%
RTC	5	4%	RTC	0	0%
Unknown	5	4%	Unknown	0	0%
	131	100%		28	100%

Boys and Girls in Treatment Programming

It is also worthwhile to address the contrast and the commonalities between the responses of the girls and the responses of the boys. Overall, the results are not unlike what one might anticipate:

1. The boys were much less willing to discuss their feelings, and often provided short, one or two word responses couched in much bravado.
2. The boys were more willing to be openly defiant, providing a fair sampling of profanity and adolescent sexual content.
3. The boys placed much less emphasis on talking and sharing in relationships with their friends, families and girlfriends, and more emphasis on simply being with those people. Mothers again represented very significant relationships, and fathers were mentioned more by the boys than by the girls.

Generally, it is possible to conclude that eliciting personal information via a series of narrative questions designed to prompt feelings and emotions is not a particularly effective gender-specific approach as it relates to boys. However, the commonalities discovered in the responses of the girls and the boys illustrate perfectly the intent of and the distinct need for gender-specific approaches for both girls and boys.

This is what the boys and girls had in common:

- Substance abuse has done significant damage in their lives, both from their personal abuse and that of their families and friends.
- They have grandiose dreams, frequently without connection to their personal realities. The boys' dreams have more to do with masculine trappings of success, e.g., fast cars, women and money, but both boys and girls displayed the conflict between their desires for home, family and safety and popular culture images of happiness.

- They are convinced that their appearance means more than almost anything in terms of their future success in life.
- They long for strong, positive family relationships and for what they view as a “normal” family.
- Their overriding fear, once again, is of death and dying – their own deaths and the deaths of their family members and friends. The boys’ expressions of this fear did not cut across all of the questions and topic areas as it did with the girls, but it was well represented nonetheless. Does that mean they have suffered less trauma? Probably not. It does, however, mean that they access it differently and they express it differently.

This is a perfect illustration of the critical importance of gender specific programming. Even though what the boys and the girls project on the outside is markedly different, what they’re dealing with on the inside is very much the same. They long for strong, positive relationships, they have been traumatized repeatedly by violence and loss, and they dream of fairy tale lives without pain and shame. The difference in terms of therapeutic intervention is not in the content as much as it lies in the approach, the processing and the projection. Take, for example, a R.O.P.E.S. course as a therapeutic intervention: while it is effective for both boys and girls, it is effective for different reasons and requires an understanding of gender differences in order to process the experience effectively. The exercise is effective with boys who typically must break through their superhero façade to their fear in order to become humble and access their vulnerability. For girls, who typically are more open about their fear, it is a tool through which they learn to trust themselves and become aware of their own strength. It is the same intervention, with very different approaches and end results.

Consider another example: sports are almost universally utilized for recreational programming in juvenile justice facilities for both boys and girls. In the instances in which clinical staff or caseworkers seize the opportunity to process the activity in a meaningful way, it is unlikely that they vary the processing for boys and for girls. However, sports activities for boys are typically considered useful in learning anger control, teamwork, collaboration and peaceful conflict resolution; rarely is it about self-esteem, self-confidence or physical fitness, as these are attitudes that boys are more likely to possess in the arena of sports and physical activities. Girls, on the other hand, are naturally oriented toward teamwork and cooperative activities, but can gain a significant sense of their own power, strength and resolve from participation in competitive sports. Because eating disorders and negative body images are so prevalent among girls, this is an essential element in their growth and progress. Gaining a sense of control and understanding related to their own bodies is critical to their growth in other areas, directly increasing their sense of mastery over the environment, self-esteem and personal decision-making. Once again, the boys and girls can participate in the same activity, but it is awareness and understanding of gender differences that facilitate the different outcomes and ensure that both genders receive what they need from the activity.

This represents one of the least understood and most significant facts related to gender-specific programming. It is not necessary to develop a parallel system just for girls – they still need education, therapeutic components, skill-building components, recreation and social skills development just as do boys. Rather, we must customize the approach and the desired outcome of particular services and interventions to create the most significant therapeutic benefit. In reality, this makes the work of developing a continuum of gender-specific services even more a goal that can be realized. It is not necessary to contemplate bricks and mortar development, but it is necessary to invest resources in education, training and capacity building in order to build on the existing strengths of the current systems and communities. The needs of girls do not demand more or better services than those provided for boys, but simply require an overarching recognition of their difference and the skills for accommodating those differences.

The Focus Groups

For the purposes of this section, the responses from each of the focus group sessions have been integrated and categorized into issue areas as follows: ***Attitudes & Awareness, Infrastructure & Training, Policy Development and Funding/Procurement Practices.*** The individual feedback from each of the eight sessions is included in Appendix A. While participating in the focus groups, participants were broken into small groups based on their involvement in the juvenile justice system or their relationship to the girls. The ***Policy*** groups consisted of participants whose daily work involves policy development and implementation, e.g. heads of agencies, elected officials, etc. The ***Program*** groups were composed of participants who supervise programs or departments and manage services and staff. The ***Practice*** groups were composed of direct care staff, clinical staff and other practitioners working directly with youth in child-serving systems.

Attitudes & Awareness

Policy Groups – One of the overwhelming needs identified among all groups interviewed was a statewide community education and awareness campaign designed to promote positive attitudes toward women and girls, educate the public about gender differences, create an awareness of the need for gender-specific services and build public support for policies and programs that support gender-specific treatment. The groups also identified a need for policy makers to recognize the unique needs of rural areas as compared to urban areas.

Program Groups – The program groups did not focus on attitudes and awareness beyond echoing the opinions of the policy groups. The bulk of their feedback is concentrated in Infrastructure and Training.

Practice Groups – The practice groups also reflected a belief that many negative stereotypes about women still exist today, and that these must be changed in order to fully promote the benefit of gender-specific programming. We believe one other finding regarding attitudes to be significant: the practice groups answered the question, “What are the most important

skills/abilities/qualities a girl needs to leave the system and not re-enter?” Their responses all reflect very mainstream cultural values and center around coping skills, an education, independent living skills, employment skills and internal control. The notable fact is simply that they answered this question after hearing the feedback from the girls and the information presented about the overriding significance of grief and loss in their lives. The participants were told how difficult it is to impart these values and skills to girls that have never dealt with the trauma in their lives, and that they most likely are incapable of such skill development until they deal with the trauma. Still, not a single answer reflected that understanding, despite the fact that the message resonated with a high percentage of the audience. This may indicate that judgmental attitudes about girls and delinquent girls in particular are very ingrained in our consciousness, and provides additional support for the need to educate the public about girls and women.

Infrastructure & Training

Policy Groups— This category included several clearly articulated needs that were common across all the participating communities. Those most frequently mentioned include:

- A mechanism by which information can be shared between entities that are working with the same girls and families.
- A consolidated statewide training database that would make information regarding gender-specific training available to a wide cross-section of potential participants.
- Resources for training in all aspects of gender-specific treatment approaches and program development. Most communities had very few, if any, such resources.
- Instruction in gender-specific treatment approaches at the university level, so that new professionals enter the workforce with attitudes and skills that will promote those approaches.

Program Groups— Several innovative ideas came from the participants at this level. Some were typical, and focused on more resources, more prevention efforts, more family involvement and more resources specifically for girls and practitioners working with girls. As a rule, the groups agreed on the importance of a comprehensive continuum of care that includes various levels of residential programming as well as community-based services. They also agreed upon the need for more and better communication and collaboration between the juvenile justice system and the educational system, and many viewed schools as the common denominator among girls from which many services could be offered. A few of the more innovative ideas stand out:

- A Center for Girls, one located in Southern Arizona and one located in Northern Arizona – providing an all-encompassing focus on gender-specific prevention and treatment, training and development, and community education and awareness;
- “One-stop shopping” – facilitated, coordinated service delivery systems for girls and families with a single point of entry and a single application;

- More extracurricular activities for girls, particularly in the area of drama, theater and the creative arts; almost every group identified a lack of extracurricular programming for girls.

Practice Groups – The groups identified a number of programs that serve girls, but struggled more to identify programs that actually provide gender-specific treatment and education. Many of those identified were selected because they provide domestic violence services, pregnancy and family planning or day care, which represents the usual and typical concept of gender-specific programming. When asked whether the existing programs were able to provide the skills and abilities needed to remain out of the system, responses indicated a fairly large gap. A complete list of those programs identified as effective is provided in Appendix E.

These groups also identified several innovative ideas for improving access to gender-specific training resources. They were as follows:

- Have an annual conference focused on gender-specific training and resources;
- Sponsor local/regional information fairs focused on gender-specific training;
- Collaborate with Women’s Studies departments at universities to develop and provide training;
- Identify private therapists with skills and expertise in gender-specific approaches and work with them to develop train-the-trainer curricula;
- Create a list serve/database with training information;
- Involve girls in curriculum development and training;

Policy Development

Policy Groups – Other than generic policy changes that would create support for gender-specific treatment within child-serving systems, the only specific recommendation that rose to the top in the focus groups was the suggestion to create interagency Memorandums of Understanding designed to develop common policies and promote information sharing, resource sharing and collaboration between agencies.

Program Groups – The groups advocated for several policy changes that directly affect programs and consequently, the girls themselves. They were as follows:

- Don’t move girls from program to program unnecessarily – this contributes to detachment and emotional anxiety, and prohibits their ability to build significant relationships.
- Ensure aftercare and follow-up.
- Program stays should be based on mastery of goals and individual needs rather than time limits.
- Girls’ programs should include smaller facilities with lower care/client ratios.

Practice Groups – These groups discussed policies very little, with the exception of the need for increased interagency communication and collaboration.

Funding/Procurement Practices

Policy Groups – Besides the completely predictable feedback that the system needs additional financial resources in order to adequately meet the needs of girls, there was considerable consensus on the fact that funding restrictions create innumerable barriers to effective use of both traditional and non-traditional services. The groups frequently mentioned the need for flexible funding pools that were free of eligibility restrictions.

Program Groups – In general, the program groups were clear about the need for more funding, particularly for prevention. They also advocated strongly for flexible funding pools.

Practice Groups – The groups did not identify any funding issues beyond the need for additional funding, particularly for developing capacity in individual communities for all levels of training related to gender-specific approaches.

Strengths

Overall there is great hope that the State of Arizona will realize its dream of a comprehensive continuum of gender-specific treatment programs, including programming specifically for girls with co-occurring disorders of mental illness and substance abuse. The stakeholders that participated in the focus groups exhibited many of the characteristics essential to positive system change. Assuming that the groups are representative of the larger child-serving population, there are high possibilities for success. Indeed, Arizona's juvenile justice system and its providers of services have for years expressed an interest in promoting gender-specific programming, and this has contributed to the development of several key components that can be expanded upon to reach those goals. In particular:

1. Each of the eight communities, even the smallest rural areas, have at least one or two individuals that are well-informed about gender-specific programs, seem to have a genuine interest in the subject, and are willing to serve as champions of the cause. The larger metropolitan areas have many people that fit this definition, which is critical to the success of new initiatives.
2. The groups as a whole appeared to be very open to change, engaged by the topic of gender differences in treatment, and eager to learn more. Very few participants expressed negative views.
3. The participants in the groups expressed attitudes very favorable toward interagency collaboration and innovative program development concepts, again an essential factor in positive systemic change.
4. Many of the communities are currently implementing a number of evidence-based practices, such as strength-based approaches and Child & Family Teams that can be

expanded and adapted to facilitate the development of gender-specific treatment approaches.

5. The groups identified a few program models operating in the state that are reportedly effectively providing gender-specific treatment services to girls. These models can be reviewed, evaluated and replicated in other parts of the State as appropriate.
6. More than half of the communities and organizations have adopted the evidence-based practice of dealing simultaneously with co-occurring disorders of substance abuse and mental illness. There is a very high level of awareness that these disorders cannot be most effectively dealt with in isolation.

Challenges

The most significant gaps identified across the state relate primarily to infrastructure elements. For example, very few communities were able to identify effective gender specific treatment programs for girls in their local areas. Many could identify programs that served girls, but few met the definition of gender-specific programming, i.e., programs developed specifically to meet the unique treatment needs of girls. On an even more fundamental level however, we identified the following challenges:

1. The participants had varying levels of knowledge and information about gender-specific programming, and appeared to have relatively few sources for this information.
2. Most of the participants had not received any training in gender-specific programming, and very few communities were able to identify training resources. Those employed by state agencies occasionally identified brief training incorporated with pre-service training, but it typically represented less than four content hours in eighty hours of training. This gap corresponds with a very clearly articulated need expressed by all of the communities for more training opportunities, and for a mechanism by which information regarding training opportunities could be shared.
3. The stakeholders at all levels and in every community expressed a belief that there is little awareness and support of the need for gender-specific programming at a policy level. They related this belief to long-held biases and stereotypes about women, and believe that an awareness campaign focused on attitudes towards women and girls is critical to the success of this effort.
4. A number of the participants, frequently those representing private provider organizations, identified the need to develop creative contracting solutions to encourage organizations to develop gender-specific programming. Because there are fewer girls being placed in community-based programs, it is often difficult in many communities to develop programs for girls that are both cost-effective and capable of sustaining themselves financially.
5. Schools were not well-represented in the focus groups; only two focus groups had participants representing schools or school districts. This is significant, as school is the common denominator across all children and youth, and is the logical point of first contact

for gender-specific treatment and educational approaches. Just as people in general manifest different learning styles, there are gender-specific learning styles that if understood and accommodated could dramatically influence educational outcomes.

6. Funding restrictions and the lack of flexible funding pools limit the ability of service providers and agencies to effectively meet the needs of girls and other unique populations; efforts to comply with funding restrictions often counteract efforts to meet the needs of those served.

V. Recommendations

The recommendations made in this report closely align with the feedback we received from the girls themselves, the feedback from the stakeholders that participated in the focus groups, and the available research regarding best practices in the area of gender-specific treatment programs for girls.

Priority One Recommendations – Infrastructure Development

Those recommendations included in this section relate primarily to infrastructure issues, and are designed to establish the foundation from which future growth can occur.

Develop a *statewide community awareness and education campaign* designed to promote positive attitudes and girls, women and gender differences. The campaign must include culturally competent messages and images, and must accommodate rural and urban differences in lifestyles and attitudes.

1. Engage a firm with expertise in social marketing to design a messaging strategy that accomplishes this goal.
2. Partner with universities and colleges to assist with message development and marketing efforts.
3. Create a Speaker's Bureau on gender issues and utilize the Bureau to promote the messages within a wide range of existing community-based organizations.
4. Obtain sponsorships from existing women's organizations and other supportive entities interested in partnering and promoting the effort.

Develop and promote policies to include training in gender-specific approaches for all personnel working with girls system-wide. Identify local and regional resources for training expertise, and build capacity for training through Train-the-Trainer workshops. Develop an information-sharing mechanism or database to improve communication about available training.

1. Create an interagency team of Training & Professional Development staff to review each agency's training plan and create a standardized training curriculum that encompasses gender specific treatment.

2. Share training resources with other agencies; perhaps each agency could specialize in a particular aspect of the training and would provide the training for all agencies in the collaborative.
3. Identify local and regional training resources and conduct Train-the-Trainer Workshops in order to disperse expertise statewide.
4. Partner with universities on many levels: to design and delivery training, to develop gender-responsive instructional components as part of university curricula, and to conduct research and evaluation activities.

Work closely with schools to improve communication, collaboration, information sharing and resource development. Schools are a critical partner in developing a comprehensive continuum of care, and they must be convinced of the importance of the issue and the vital nature of their participation.

1. Work with the educational programs within the Arizona Department of Juvenile Correction's institutions and with community correction facilities such as detention centers and residential treatment centers to begin the process of both gender-specific curriculum development and teacher training in gender-responsive teaching strategies. Successful outcomes can be utilized in the future for outreach to public school systems.
2. Identify key school districts throughout the state to conduct outreach and provide information regarding gender-specific research and the efficacy of gender-specific educational approaches.
3. Identify existing gender-specific programming and other efforts with schools and school districts that can be expanded and replicated.
4. Ensure that school personnel are well represented on planning bodies and in all training efforts.

Priority Two Recommendations – Impacting Existing Policies & Practices

Identify critical points within the juvenile justice system at which changes could be made to improve the system's capacity for dealing with trauma, depression and grief and loss issues.

1. Ensure that appropriate assessment tools are utilized at all levels of the system to identify trauma issues.
2. Train administrative, clinical and case management staff in effective methodologies and interventions for managing trauma-related issues.

3. Make programmatic changes within programs that serve as the point of first contact to ensure that trauma issues are both identified and treated prior to intensive focus on skill-building programs.
4. Utilize existing child and family teams to more effectively address trauma issues within entire family structures and to access appropriate mental health and substance abuse treatment services.

Expand substance abuse education, early intervention and treatment for all girls and their families from the earliest point of contact with the juvenile justice system.

1. Engage schools through substance abuse education campaigns and early intervention programs.
2. Train leaders of child and family teams to identify warning signs of substance abuse, conduct appropriate assessments and make appropriate referrals for all family members when abuse is identified.
3. Increase the amount of substance abuse treatment available to girls when they are incarcerated in institutions and community corrections facilities, and improve follow-up care available upon release.
4. Ensure that 100% of girls receiving substance abuse treatment while residing in institutional settings receive follow up care upon release.
5. Create an interagency work group to develop common policies and procedures to ensure that co-occurring disorders are managed and treated together rather than in isolation.

Engage schools and other community-based service providers in the task of improving access and increasing capacity for prevention, early intervention and training in effective parenting.

1. Ensure that 100% of girls that are parents receive regular, ongoing instruction in effective parenting techniques and appropriate child care, beginning with adequate prenatal care.
2. Ensure that child and family teams arrange for appropriate parenting training based on need for all families in their care.

Change assessment tools and intake procedures so that girls are encouraged to share and record their dreams of their futures at intake, and train case management staff to help the girls reach their dreams in step-by-step processes.

1. Expand the use of child and family teams and strength-based programming to involve families in the process of both identifying hopes and dreams and holding the girls accountable for their own actions in the process.
2. Implement “girl groups” or peer groups for the purpose of girls holding girls accountable for the work required in order to reach their goals.

Change existing institutional and community corrections program structures to allow for more gender responsive, relationship-based programming for girls.

1. Re-structure existing program schedules in girls’ programs to allow adequate time for girls and staff to have meaningful conversations, to engage in one-to-one activities and to work toward their treatment goals in small group settings.
2. Expand mentoring programs to promote and perpetuate meaningful relationships with significant, positive adult influences.

Train staff to utilize methods of interaction/intervention with girls that are relevant, authentic and meaningful in order to create open dialogue and build relationships with the best possibility for influencing positive change.

1. Recognize that for girls in particular, relationships are primary, and that tremendous therapeutic benefit can be derived from non-clinical interactions with direct care staff that have the ability to relate in an authentic manner to the girls and their experiences.
2. Utilize popular culture media such as the movie “*Real Women Have Curves*” to spark open dialogue and create opportunities to express normalizing values.

Appendix A: Focus Group Feedback by County

Cochise County

Policy Level

1. *What policies and practices exist that create barriers for gender-specific treatment of girls within the Arizona juvenile justice system?*

- We have no ability to share information through technology with statewide access.
- The system is not set up to allow for creativity in purchasing or procuring services. For example, departments can't pay providers for having a service available, but can only pay once it has been delivered. Especially in small, rural areas, this creates a deficit in services available.
- Funding restrictions – very limited service criteria
- Limited dollars available for youth who don't qualify for Medicaid
- Policy issues are driven by resources and economies of scale – the bulk of resources go to boys programs because there are more boys in the system
- Duplication of services and effort between agencies
- Lack of collaboration between agencies
- Some girls are sent out of state because local services are not available.

2. *What resources/incentives/information do you need in order to pursue the development of gender-specific treatment programs for girls, both at an institutional level and a community level?*

- Collaboration without penalties based on funding (flexible funding pools)
- Better communication/collaboration between educational system and juvenile justice system
- Creative technologies to link people together that are working with the same families
- Gender-specific transitions from treatment to communities
- Available resources should be "needs-based" rather than "category-based"
- Transition and family preparation services

Program Level

1. *All barriers aside, if you could add just one critical service/program/resource to Arizona's continuum of care for girls, what would it be?*

- Culturally sensitive self-esteem building programs that involve families

2. *What changes would you make to the services currently available for girls?*

- Incorporate a strength-based approach
- Have Child/Family teams do more work with self-esteem and relationship-building issues

3. *To what extent does your organization/program deal with co-occurring disorders of mental health and substance abuse?*

- All organizations are dealing with the issue; we should just assume it exists in the majority of cases.
- The issues should be identified through collaborative efforts and multi-disciplinary teams.

4. *Are there any existing programs that have proven to work well?*

- Drug Court
- Parenting Group
- Parenting/Juvenile Court orientation

Practice Level

Because more questions were focused on the practice level, each of the groups answered a different set of questions.

Group 1

1. *Does your organization provide staff training related to gender-specific treatment and/or cultural competence for girls?*

- CPSA, RHEBA, Treatment, CPS, SEABHS, JPO – provide it in some fashion across the board
- Covington Training – Kick-off for providing gender-specific framework
- CPS -- Child Welfare training includes an afternoon dedicated to gender-specific issues

2. *Does your community have resources for gender-specific skill development and training? If yes, please be specific about topic areas.*

- Most agencies have resources, but need to share them to create more depth.
- The school district does not have any gender-specific training or programming.
- There is no clear mechanism for sharing resources.

3. *What ideas do you have for creating more access to such services?*

- Create a mechanism for sharing and collaborating in staff training.

Group 2

1. *What are the most important skills/abilities/qualities a girl needs to successfully leave the system and not re-enter?*

- To learn to adapt
- The ability to advocate for herself
- Commitment

2. *What gender-specific treatment services are currently available in your community/region?*

- Smart Girls Group/SEABHS
- Victim Issues Group/SEABHS
- Why Try/Straight Edge –SEABHS

3. *Do the existing programs promote the development of the skills you identified? If not, what are the programmatic gaps?*

- Some do, but not all girls qualify for services. We need to expand the programs.

Pima County

Policy Level

1. *What policies and practices exist that create barriers for gender-specific treatment of girls within the Arizona juvenile justice system?*

- Policies and Procedures are not gender-specific,
- The fact that so many more boys are in the juvenile justice system creates the emphasis on male-based programming,
- Lack of staff training as it relates to gender-specific program development,
- Lack of resources devoted to girls,
- Policies and practices are driven by what the political climate is at the time, i.e. rehabilitation does not sell but punishment does,
- Girls' behavioral issues manifest in different ways than those of boys, i.e. internalized anger verses external anger,

- Girls are a greater runaway risk than boys, making them more challenging to track,
 - Lack of knowledge about the differences between genders.
2. *What resources/incentives/information do you need in order to pursue the development of gender-specific treatment programs for girls, both at an institutional level and a community level?*
- Move more quickly into action by using the knowledge that is already in place
 - Access to trauma counseling services
 - Additional financial resources
 - Family involvement and parent training
 - Transition programs
 - Relationship building
 - Recruiting workers passionate and educated about girls and their unique needs
 - Better education and all-around incentives

Program Level

1. *All barriers aside, if you could add just one critical service/program/resource to Arizona's continuum of care for girls, what would it be?*
- Independent living skills training with mentoring for all girls identified at-risk, as well as funding for gender-specific programming.
2. *What changes would you make to the services currently available for girls?*
- More gender specific services
 - Earlier access and intervention
 - Add childcare programs
 - Enhance the funding pool for gender-specific programs
 - Create a girls' resource center
 - Develop more collaboration between all systems
3. *To what extent does your organization/program deal with co-occurring disorders of mental health and substance abuse?*
- All the time
 - Staff frequently not cross-trained for both disorders
4. *Are there any existing programs that have proven to work well?*
- Girl Scouts
 - Big Brothers/Big Sisters
 - Project Safe Place

- Amparo Program
- LPFS
- Catholic Social Services
- Merilac Lodge

Practice Level

Because more questions were focused on the practice level, each of the groups answered a different set of questions.

Group 1

1. Does your organization provide staff training related to gender-specific treatment and/or cultural competence for girls?

- PCJCC Step Up Mentor is a 12-hour training but is not all gender-specific
- LaPaloma and CPSA group homes
- PCJCC Program Training for female leaders across a variety of cultures

2. Does your community have resources for gender-specific skill development and training? If yes, please be specific about topic areas.

- The YWCA girls' mentor program
- Wingspan
- Girl Scouts
- Sacasa Center Against Sexual Abuse
- Project Safe Place
- Our Town
- PCJCC
- La Paloma
- Health Department
- Planned Parenthood
- Kino Teen Center

3. What ideas do you have for creating more access to such services?

- Pool resources and use internet more as a mode of communication between systems
- Make it a priority
- Create better understanding of terminology
- Linking to the Women's Studies Program at the University of Arizona
- Begin to tap resources in-house
- Find out what ideas the girls have
- Involve girls in training delivery
- Generate data as a tool to access additional funding

Group 2

1. *What are the most important skills/abilities/qualities a girl needs to successfully leave the system and not re-enter?*
 - Ability to set and work toward goals
 - Resilience
 - Support and advocacy
 - Education on available supports
 - Ability to ask for help
 - Willing to take responsibility
 - Ability to use free time responsibly

2. *What gender-specific treatment services are currently available in your community/region?*
 - Amparo
 - Merilac
 - Project Safe Place
 - Girls' groups in detention
 - Wingspan
 - Day Treatment

3. *Do the existing programs promote the development of the skills you identified? If not, what are the programmatic gaps?*
 - Yes, many that are listed do but they have waiting lists, which delays services.

Yuma County

Policy Level

1. *What policies and practices exist that create barriers for gender-specific treatment of girls within the Arizona juvenile justice system?*
 - Funding cycles and procurement practices create barriers for new programs that could offer needed services, but have missed the procurement deadlines
 - Availability of funding
 - Service provider availability
 - Bureaucracy
 - Need not recognized

2. *What resources/incentives/information do you need in order to pursue the development of gender-specific treatment programs for girls, both at an institutional level and a community level?*

- Identification of need
- Availability of manpower, funding, other resources
- Program development training
- Community and administrative support

Program Level

1. *All barriers aside, if you could add just one critical service/program/resource to Arizona's continuum of care for girls, what would it be?*

- Gender-specific programming
- Parenting (Pregnancy and Reality-Based programs)
- Programs dealing with grief, loss and moving on
- Coping skills

2. *What changes would you make to the services currently available for girls?*

- Community Mentoring
- More gender-specific groups and services
- More exposure to community services, the arts, etc.

3. *To what extent does your organization/program deal with co-occurring disorders of mental health and substance abuse?*

- New licensing regulations in effect 7/1/04 that require specialized licensing and will create additional barriers to treatment of substance abuse and mental health issues simultaneously. (POLICY ISSUE)
- High percentage of clients have co-occurring disorders
- Our agencies attempt to deal with the issue but lack specific programming for substance abuse

4. *Are there any existing programs that have proven to work well?*

- Girl Scouts

Practice Level

Because more questions were focused on the practice level, each of the groups answered a different set of questions.

Group 1

1. *Does your organization provide staff training related to gender-specific treatment and/or cultural competence for girls?*
 - Juvenile court is currently developing a training program
2. *Does your community have resources for gender-specific skill development and training? If yes, please be specific about topic areas.*
 - No
3. *What ideas do you have for creating more access to such services?*
 - Create a mechanism for sharing and collaborating in staff training.
 - Creating community awareness about the need
 - Work with schools

Group 2

1. *What are the most important skills/abilities/qualities a girl needs to successfully leave the system and not re-enter?*
 - Coping skills, confidence, self-esteem, support system outside “the system”
 - Job skills/training
 - Personal values development
2. *What gender-specific treatment services are currently available in your community/region?*
 - Girl Scouts
 - Lake Havasu Independent Living Program
 - Some sports programs
3. *Do the existing programs promote the development of the skills you identified? If not, what are the programmatic gaps?*
 - Yes, the Lake Havasu Independent Living program does address the identified issues
 - The other programs have distance, attitude, age, language, and lack of coordination as barriers

Mohave County

Policy Level

1. *What policies and practices exist that create barriers for gender-specific treatment of girls within the Arizona juvenile justice system?*

- Failure to recognize that there is a gender difference
- Lack of resources
- Attitudes
- Personal accountability and community safety as it relates to the girls themselves

2. *What resources/incentives/information do you need in order to pursue the development of gender-specific treatment programs for girls, both at an institutional level and a community level?*

- Awareness about the importance of gender-specific programming
- Funding
- Education of Community
- Staff Training
- Utilization of existing programs
- Agency Coordination – (Children’s Coordinating Council)
- Education and attitude changes about women in general and female differences

Program Level

1. *All barriers aside, if you could add just one critical service/program/resource to Arizona’s continuum of care for girls, what would it be?*

- Group Homes for Girls
- A step-down continuum of community-based programs

2. *What changes would you make to the services currently available for girls?*

- Incorporate gender-specific programming into existing programs
- Develop programs based on the needs of the girls

3. *To what extent does your organization/program deal with co-occurring disorders of mental health and substance abuse?*

- There is a high level of recognition about the duality of the issues
- There is a high level of interagency cooperation through child and family teams
- Dealing with mental health and substance abuse together is supported by local policy

4. *Are there any existing gender-specific programs that have proven to work well?*

- None known

Practice Level

The practice group responded to two sets of questions:

1. *Does your organization provide staff training related to gender-specific treatment and/or cultural competence for girls?*

- No staff training at Mohave Mental Health Center, but they do conduct a gender specific group for girls transitioning to adulthood;
- CPS does not have gender specific training, but CWTI has one component of gender specific/cultural competence training that lasts less than a day;
- Adult/Juvenile Probation Department brings in outside trainers focused on gender specific work related to adult female offenders on an annual basis.

2. *Does your community have resources for gender-specific skill development and training? If yes, please be specific about topic areas.*

- Catholic Social Services has a teen pregnancy counselor
- Del Webb provides pregnancy related health education
- Girl Scouts may have resources

3. *What ideas do you have for creating more access to gender-specific training and development services?*

- Conduct community forums for information sharing
- Increase knowledge and awareness about agency trainings
- Sponsor a gender-specific education fair
- Create and utilize gender-specific curricula in high school classes

Set 2

1. *What are the most important skills/abilities/qualities a girl needs to successfully leave the system and not re-enter?*

- Independent living skills
- Success in educational system
- Self-worth, confidence
- Healthy support system
- Future goals and how to realize them

2. *What gender-specific treatment services are currently available in your community/region?*

- Girl Power – Soroptimist Club
- Del Webb pregnancy education
- Catholic Social Services pregnancy counseling

3. *Do the existing programs promote the development of the skills you identified? If not, what programs need to be added?*

- No.
-
- Programs to be added:
 - Boys and Girls Club should develop gender specific approaches
 - Big Brothers Big Sisters
 - Weekly girl groups
 - High school education that is gender specific
 - Gender specific mentoring
 - Involvement of girls in women’s groups
 - YWCA
 - Faith-based gender specific programming

Coconino County

Policy Level

1. *What policies and practices exist that create barriers for gender-specific treatment of girls within the Arizona juvenile justice system?*

- Confidentiality policies that prevent information sharing between agencies and providers
- Lack of funding
- Lack of policies and procedures that support gender-specific programming
- Lack of training and education regarding gender issues
- Lack of tools and assessments that are gender-specific
- Lack of value/attention/commitment to female dominated professions
- Heavy emphasis/focus on boys in the system
- Policies and procedures are focused on negatives and deficits rather than a strength-based approach
- Too many services are short-term – “band aid effect”

2. *What resources/incentives/information do you need in order to pursue the development of gender-specific treatment programs for girls, both at an institutional level and a community level?*

- Recognition of the unique needs of small and rural communities
- Money
- Interagency Memorandums of Understanding to facilitate communication and collaboration
- Legislation that mandates funding of services
- Community involvement at all levels, including schools, businesses, faith-based organizations, local government, families and social service agencies
- Outcome data that illustrates the need and raises consciousness about women and gender characteristics
- Prevention resources for girls not yet involved in the system
- Incentives for families and girls to get involved in prevention
- Girl/adolescent focused community support groups like AA, NA and trauma focused groups

Program Level

1. *All barriers aside, if you could add just one critical service/program/resource to Arizona's continuum of care for girls, what would it be?*

- A Center for Girls, one located in Southern Arizona and one located in Northern Arizona – providing an all-encompassing focus on gender-specific prevention and treatment
- “One-stop shopping” – facilitated, coordinated service delivery systems for girls and families with a single point of entry and a single application
- Professional training and development in gender-specific approaches

2. *What changes would you make to the services currently available for girls?*

- More training for providers in gender-specific approaches
- Warm and cozy places of service delivery
- Gender-specific groups would be added
- A consistent mechanism for listening to the girls about their needs and wants
- A focus on relationship building
- Address death, dying and trauma
- Trained mentors

3. *To what extent does your organization/program deal with co-occurring disorders of mental health and substance abuse?*

- On a regular, ongoing basis. This is our community standard.

4. *Are there any existing gender-specific programs that have proven to work well?*

- Daybreak Group Home
- TAPP – Teenage parenting program and school for teen mothers
- A Women’s AA/NA group in Yavapai
- Northern Arizona University’s Women’s Studies Program
- Alternatives Center operated by Open Inn
- Girl Scouts
- Caleb House

Practice Level

The practice group responded to two sets of questions:

Set 1

1. *Does your organization provide staff training related to gender-specific treatment and/or cultural competence for girls?*

- CPS – No
- JPO – No
- CASA – No
- AOC – sponsors some trainings
- Alternative Center – 1 time per year, approximately 2 hours per staff

2. *Does your community have resources for gender-specific skill development and training? If yes, please be specific about topic areas.*

- Therapists that specialize in gender-specific issues such as body image and eating disorders (Kim Alexander and Jan Williams)
- No other training for professionals
- Other organizations could develop training resources – perhaps Girl Scouts, Big Brothers/Big Sisters, Northern Arizona University, Northern Arizona Center Against Sexual Assault

3. *What ideas do you have for creating more access to gender-specific training and development services?*

- Work with community resources identified in question 2 to develop community-wide training
- Create a centralized information and referral center for training availability
- Obtain legislative funding

- Hold professionally facilitated, regular Roundtable discussions with multiple stakeholders
- Promote interagency collaborations
- Create partnerships between providers to maximize resources
- Re-allocate existing dollars to programs that work
- Create a paid position whose responsibility is training and development for community

Set 2

1. *What are the most important skills/abilities/qualities a girl needs to successfully leave the system and not re-enter?*

- Family Support
- Communication
- Assertiveness
- Stress management skills
- Strengths and Protective Factors
- Resourcefulness
- Perseverance
- How to say “No”
- Internal control – decrease impulsivity
- Problem-solving
- Budgeting
- Life skills/Leisure skills

2. *What gender-specific treatment services are currently available in your community/region?*

- Daybreak – local therapeutic group home for girls
- Florence Crittenton (Phoenix) therapeutic group home
- Charlae’s House (Phoenix) regular girls’ group home
- Mingus Mountain (Prescott) RTC/group home all girls
- Joshua House & Caleb House (Flagstaff) homes for girls with babies
- Halo House (Flagstaff) women’s and children’s shelter
- Hope Cottage (Flagstaff) adult women & children
- Sharon Manor (Flagstaff) transitional housing

3. *Do the existing programs promote the development of the skills you identified? If not, what programs need to be added?*

- No.
- Florence Crittenton and Mingus Mountain address some, but not all

Note – the group identified a need for gender specific programs for girls without mental health issues that need primarily skill development services

Pinal County

Policy Level

1. *What policies and practices exist that create barriers for gender-specific treatment of girls within the Arizona juvenile justice system?*

- Open enrollment may not be available in all schools
- Credits should be based on competence and not seat time
- Behavioral Health has no gender-specific programs
- Lack of accommodations that are gender specific
- Lack of parental involvement policies
- As a system (education), we may not have resources to understand policy changes
- Lack of individualized approach to education

2. *What resources/incentives/information do you need in order to pursue the development of gender-specific treatment programs for girls, both at an institutional level and a community level?*

- More funding and a move towards accountability
- Extensive training/planning with best practices
- Competent/committed staff
- Administrative support with policy changes
- Outreach to support and coordinate community agencies
- More probation staff to address needs
- More knowledge/training about adolescent development, particularly as it relates to girls

Program Level

1. *All barriers aside, if you could add just one critical service/program/resource to Arizona's continuum of care for girls, what would it be?*

- A residential facility focused on education/vocation
- More extracurricular activities for girls, particularly in the area of drama, theater and the creative arts
- Comprehensive family and reproductive planning services
- Independent living
- Increased family involvement

2. *What changes would you make to the services currently available for girls?*

- Ensure aftercare and follow-up
- Increase the available services
- Specify the services for girls, i.e. substance abuse
- Create specialized girl groups

3. *To what extent does your organization/program deal with co-occurring disorders of mental health and substance abuse?*

- The mental health component takes precedent, and substance abuse is seldom dealt with. Substance abuse issues are not dealt with at all within the behavioral health system.

4. *Are there any existing programs that have proven to work well?*

- No, although we do have Girl Scouts and Girls Going Places (GGP) which teaches non-traditional career skills. GGP is part of the Casa Grande Union High School District.

Practice Level

Because more questions were focused on the practice level, each of the groups answered a different set of questions.

Group 1

1. *Does your organization provide staff training related to gender-specific treatment and/or cultural competence for girls?*

- No – nothing exists.

2. *Does your community have resources for gender-specific skill development and training for professionals? If yes, please be specific about topic areas.*

- Community has many resources, but none that are gender-specific.

3. *What ideas do you have for creating more access to gender specific training and development services?*

- Research programs, other resources
- Attend trainings elsewhere then share materials
- Interagency collaborations

- Advertise available training through the media, flyers, school
- Provide more funding for gender-specific training

Group 2

1. *What are the most important skills/abilities/qualities a girl needs to successfully leave the system and not re-enter?*

- Coping skills
- Education plans/goals
- Realistic short term goals and options
- Mentors
- Better self-esteem
- Social skills, both verbal and non-verbal
- Extended “family” and support services
- Problem-solving/Decision-making skills
- Awareness of right vs. wrong
- Positive influences
- Self worth

2. *What gender-specific treatment services are currently available in your community/region?*

- Mammoth and Maricopa County have none
- Coolidge has a 21st century grant that pays for after school programming for girls
- Healthy Families provides at risk mothers with assessment and skill building training from birth to 5

3. *Do the existing programs promote the development of the skills you identified? If not, what programs need to be added?*

- Girl Scouts for K-12
- Faith-based programs

Maricopa County

Two focus groups were held in Maricopa County at different times in order to accommodate as many people as possible. The responses of the groups have been combined in this section.

Policy Level

1. *What policies and practices exist that create barriers for gender-specific treatment of girls within the Arizona juvenile justice system?*

- Historically the criminal justice system is a male-driven system at all levels of policies and practice, and reflects a male perspective. There is a lack of understanding about gender-specific needs for girls/women, which results in a lack of gender-specific programming.
- Policies limit contact between staff and girls when girls leave a program, and prevent further support and relationship building.
- Resources are dedicated to boys as the majority population, despite significant increases in the female population, which is currently 30% of the total juvenile justice population.
- Policies limit discussion about birth control, abortion, etc.
- History of focus on boys' issues – system seems frozen and unable to change
- Lack of gender-specific continuum of care
- Attitudes toward girls can be very negative
- Commitment is used as a substitute for treatment, particularly for girls
- Lack of gender-specific responses at early stages of juvenile justice involvement
- The system does not acknowledge the need to deal with unresolved trauma prior to attempting to teach social and vocational skills
- There is a system need to make things equivalent between boys and girls, which is not the most effective approach for girls
- Assessment tools are not gender-specific
- Absence of policies to support gender-specific treatment due to attitudes that did not acknowledge differences and unique needs of girls

2. *What resources/incentives/information do you need in order to pursue the development of gender-specific treatment programs for girls, both at an institutional level and a community level?*

- Recognition of need
- Committed “buy in” of staff, community & leadership to push ahead and challenge current practices
- \$\$\$
- Providers with skills/experience in gender specific programming
- Trainers with skills/experience in gender specific programming
- Reliable transportation from girls
- A facility for programming
- More involvement from girls in program development and training
- Education at entry for practitioners (the bench, probation, court staff, treatment providers)
- Training regarding gender bias in our responses
- Training/research on how to safely give girls hope and control of their lives
- We need girls' input in program development – let's not assume we know what they need

- Community education and advocacy about girls issues/figure out how to make it important to families
- Start at school, talk about importance of family, keeping families together, keeping families involved
- Support for cutting edge programs
- Expanded research-based best practices
- Awareness/training of gender-specific issues at pre-service level
- Collaboration
- We should teach gender-specific approaches and awareness at the university level – personnel preparation.

Program Level

1. All barriers aside, if you could add just one critical service/program/resource to Arizona's continuum of care for girls, what would it be?

- Early intervention in schools including life skills, mentorship, self-knowledge, leadership programs, training for teachers – use the schools to fill in parents' gaps
- Services for girls aging out of the system
- Stronger links within the system between agencies, schools, families, etc.
- Drop-in Centers
- Peer support programs
- More funding for prevention

2. What changes would you make to the services currently available for girls?

- Create comprehensive services for girls that involve parents/natural supports/mentors
- Add career building life skills
- Incorporate more strength-based approaches
- Build a gradual transition to independent living
- More focus on parenting skills and training
- Smaller facilities, lower care/client ratios
- More vocational skills
- More mental health options
- Fund them
- Program stays should be based on mastery and individual need rather than time limits
- Emphasize relationships
- Don't move girls from program to program unnecessarily – this contributes to detachment and emotional anxiety

3. To what extent does your organization/program deal with co-occurring disorders of mental health and substance abuse?

- 90% of in-patient treatment addresses co-occurring disorders
- 50% of outpatient treatment addresses co-occurring disorders
- In most private agencies, detention, correctional institutions, mental health and substance abuse disorders are dealt with separately.
- Juvenile Court focuses more on substance abuse rather than mental health because it is easier to monitor through urinary analysis and other measures.
- Majority/very high percentage of clients have co-occurring disorders
- Need higher-level mental health professionals to deal with mental health issues
- Need more funding
- We utilize psychoeducational model interventions, medication and combined programming

4. Are there any existing programs that have proven to work well?

- Just Girls – Arizona’s Children Association
- Wings – Florence Crittenton
- Girl Power
- WINGS – Florence Crittenton
- Florence Crittenton Residential, Transitional Living
- Prehab – Intensive Outpatient program and Positive Choices Program
- Maricopa County – gender specific caseloads for parole
- Girls Ranch
- Catholic Social Services
- New Foundation
- YWCA
- SOLE—Survivors of Life Experience
- Center for Adolescent Parents (Child & Family Resources)
- Advocacy Center

Practice Level

Because more questions were focused on the practice level, each of the groups answered a different set of questions.

Group 1

1. Does your organization provide staff training related to gender-specific treatment and/or cultural competence for girls?

- ADJC – 1 day of gender-specific training for staff at Black Canyon
- Florence Crittenton – yes
- Private providers – no
- Juvenile Court – no
- No gender specific treatment training is provided
- Some cultural competence training is provided

2. *Does your community have resources for gender-specific skill development and training? If yes, please be specific about topic areas.*

- Growth Improvement for Teens (GIFT) – Florence Crittenton
- A Girl’s World is Different – Girl Scouts
- Big Sisters
- YWCA
- Planned Parenthood
- WIC
- Casey Life Skills offers training regarding girls with attachment disorders, trauma resolution and relationships

3. *What ideas do you have for creating more access to gender-specific training and development services?*

- Provide transportation
- Public Service Announcements
- Marketing
- School-based programs
- In-home programs
- Child care at reduced fees
- Increased prenatal services
- Gain awareness of programs offered in the community
- Raise awareness of the need for gender-specific training
- Advocacy/outreach programs/forums
- Create a listserv

Group 2

1. *What are the most important skills/abilities/qualities a girl needs to successfully leave the system and not re-enter?*

- Commitment
- Confidence and Self-worth
- Direction
- Competencies
- Natural supports
- Inner strength
- Employment
- Community activities
- Self-confidence
- Comprehensive support system to prevent relapse

- Stable relationships
- Coping skills for dealing with anxieties
- Internalization of their goals
- Able to establish and manage their boundaries
- Educational development with self-discipline
- Vocational skills
- Empowerment
- Accountability
- Sense of safety
- How thinking and behavior influences their decisions and goal attainment
- Appropriate role models/mentors
- Good social support (family, church, etc.)
- Professionals need to move toward strength-based approaches and motivational interviewing to foster personal growth and self-confidence
- Mastery over traumatic experiences

2. *What gender-specific treatment services are currently available in your community/region?*

- Maricopa County Girl Power
- De Mujeres – City of Phoenix
- Youth at Risk – Phoenix
- Florence Crittenton
- The New Foundation
- City of Tempe Girls’ Program
- Girl Scouts
- Girls’ Ranch
- Mingers Mountain
- Mentor Service
- Women’s Resource Center
- Girl Scouts
- GIFT – Growth Improvement for Teens
- Road Map To Change – (Journaling Program for Teen Girls)
- Divinity Program – rehabilitates prostitutes
- WIC
- Early Head Start
- Day care centers in public schools
- Residential services for pregnant girls

3. *Do the existing programs promote the development of the skills you identified? If not, what programs need to be added?*

- Many do, such as the Divinity Program and Girl Scouts

- Mentoring should be added
- Trauma groups/counseling
- Sex education/counseling
- Co-dependency treatment
- Vocational skills training
- Life skills training combined with educational system
- Strength-based approaches
- Stress reduction and relaxation
- Laws and policies prohibit professional staff employed in treatment programs from maintaining relationships with the girls upon release, which further limits the support available to the girls in the community.
- Input from the girls
- Money/Lack of motivation to get funding
- No existing programs for issues facing girls related to sexual orientation, body image, etc.
- Existing programs have very short lengths-of-stay.

Appendix B: Sources Referenced

Acoca, L. and Dedel, K. (1998). *No Place to Hide: Understanding and Meeting the Needs of Girls in the California Juvenile Justice System*. San Francisco, CA: National Council on Crime and Delinquency.

Bloom, Barbara E., Ph.D and Covington, Stephanie S., Ph.D. 2001. *Effective Gender-Responsive Interventions in Juvenile Justice: Addressing the Lives of Delinquent Girls*, Atlanta Georgia.

Budnick, Kimberly and Shields-Fletcher, Ellen. September 1998. "OJJDP Fact Sheet." Page 1.

Chesney-Lind, M. and Sheldon, R. (1998). *Girls, Delinquency and Juvenile Justice*. Thousand Oaks, CA: Sage.

Greene, Peters and Associates. (1998). *Guiding Principles for Promising Female Programming: An Inventory of Best Practices*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

American Bar Association and the National Bar Association. May 1, 2001. *Justice By Gender, The Lack Of Appropriate Prevention, Diversion And Treatment Alternatives For Girls In The Justice System*. (<http://www.abanet.org/crimjust/juvjus/girls.html>).

Community Research Associates. 1998. *Juvenile Female Offenders: A Status Of The States Report*.

Appendix C: Girls' Blog Questions

1. Where do you currently live? Check one.

- Juvenile Institution Home Foster Home
 Detention RTC Other

2. How old are you?

3. What is your favorite thing to do with your friends?

4. Who are you most likely to share your most private thoughts and dreams with?

5. What is the one thing about you most people don't know?

6. What are you most scared of?

7. If your life were perfect, what would it look like?

8. What do you most look forward to?

9. What are the two things you like most about yourself?

10. If you could change one thing about your family, what would it be?

11. Who is the most important person in your life?

12. If you were granted just one wish, what would it be?

13. What is most important to you – physical appearance or emotional strength? Why?

14. What are the two things you like least about yourself?

15. Who do you feel most comfortable discussing sex with?

16. What do you like most about school?

17. Is there something that you feel stands in the way of you completing your education?

18. What is the most embarrassing thing for you to talk to a doctor about?

19. Has there ever been a time when you needed medical attention but did not seek it? If so, why?

20. What do you worry most about?

21. Have you ever participated in any of the following programs or services? Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Sex Education Classes | <input type="checkbox"/> Life Skills Training | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> College Classes | <input type="checkbox"/> Leadership Training |
| <input type="checkbox"/> Peer Counseling/Mentoring | <input type="checkbox"/> Job Readiness Training | |

22. What do you think might have helped you stay out of trouble and out of the juvenile justice system?

Appendix D: Focus Group Discussion Guide

Education and Awareness

1. What do you think are the top five issues that concern girls in the Arizona juvenile justice system today?
2. What do you think is the biggest barrier that juvenile justice system-involved girls face in the educational system?
3. When and how do you think families should become involved in a girl's treatment process?
4. What 2 or 3 things could be done to keep girls from entering the Juvenile Justice System?

Policy Level

1. What policies and practices exist that create barriers for gender-specific treatment of girls within the Arizona juvenile justice system?
2. What resources/incentives/information do you need in order to pursue the development of gender-specific treatment programs for girls, both at an institutional level and a community level?

Program Level

1. All barriers aside, if you could add just one critical service/program/resource to Arizona's continuum of care for girls, what would it be?
2. What changes would you make to the services currently available for girls?
3. To what extent does your organization/program deal with co-occurring disorders of mental health and substance abuse?
4. Are there any existing gender-specific programs for girls that have proven to work well?

Practice Level

Group 1

1. Does your organization provide staff training related to gender-specific treatment and/or cultural competence for girls?
2. Does your community have resources for gender-specific skill development and training? If yes, please be specific about topic areas.
3. What ideas do you have for creating more access to gender-specific training and development services?

Group 2

1. What are the most important skills/abilities/qualities a girl needs to successfully leave the system and not re-enter?
2. What gender-specific treatment services are currently available in your community/region?
3. Do the existing programs promote the development of the necessary skills you identified? If not, what programs need to be added?

Appendix E: Gender Responsive Community Resources & Programs

• Amparo
• Catholic Social Services pregnancy counseling
• Charlae’s House (Phoenix) regular girls’ group home
• City of Tempe Girls’ Program
• Coolidge has a 21st century grant that pays for after school programming for girls
• Day care centers in public schools
• Day Treatment
• Daybreak – local therapeutic group home for girls
• De Mujeres – City of Phoenix
• Del Webb pregnancy education
• Divinity Program – rehabilitates prostitutes
• Early Head Start
• Florence Crittenton (Phoenix) therapeutic group home
• GIFT – Growth Improvement for Teens
• Girl Power – Soroptimist Club
• Girl Scouts
• Girls’ groups in detention
• Girls’ Ranch
• Halo House (Flagstaff) women’s and children’s shelter
• Healthy Families provides at risk mothers with assessment and skill building training from birth to 5
• Hope Cottage (Flagstaff) adult women & children
• Joshua House & Caleb House (Flagstaff) homes for girls with babies
• Lake Havasu Independent Living Program
• Maricopa County Girl Power
• Mentor Service
• Merilac
• Mingus Mountain (Prescott) RTC/group home all girls
• Project Safe Place
• Road Map To Change – (Journaling Program for Teen Girls)
• Sharon Manor (Flagstaff) transitional housing
• Smart Girls Group/SEABHS
• The New Foundation
• Victim Issues Group/SEABHS
• Why Try/Straight Edge –SEABHS
• WIC
• Wingspan
• Women’s Resource Center
• Youth at Risk – Phoenix